

Division of Behavioral Health
State Advisory Committee on Mental Health Services (SACMHS)
State Advisory Committee on Substance Abuse Services (SACSAS)
August 24, 2017/ 9:00 am – 4:00 pm Lincoln, NE – Country Inn & Suites
Meeting Minutes

I. Call to Order/Welcome/Roll Call

Renee Faber

Renee Faber, Division of Behavioral Health (DBH) Advisory Committee Facilitator, welcomed committee members and others present. The Open Meetings Law was posted in the meeting room and all presentation handouts were available for public review.

Roll call was conducted and a quorum was determined to exist for the State Advisory Committee on Mental Health Services. Roll call for the State Advisory Committee on Substance Abuse Services was conducted but a quorum was not reached.

State Advisory Committee on Mental Health Services Members in Attendance: Karla Bennetts, Suzanne Day, Bev Ferguson, Bradley Hoefs, Ryan Kaufman, Kristin Larsen, Phyllis McCaul, Lisa Neeman, Ashley Pankonin, Rachel Pinkerton, Nancy Rippen, Mark Schultz, Mary Thunker, Diana Waggoner, Stacey Werth-Sweeney. Members Absent: Patti Jurjevich, Linda Krutz, Vicki Maca, Joel Schneider, Rebecca Tegeler.

State Advisory Committee on Substance Abuse Services Members in Attendance: Victor Gehrig, Dusty Lord, Diana Meadors, Michael Phillips, Randy See. Members Absent: Ann Ebsen, Ingrid Gansebom, Jay Jackson, Janet Johnson, Kimberly Mundil, Mary Wernke.

DHHS Staff in Attendance: Sue Adams, David DeVries, Renee Faber, Tamara Gavin, Mikayla Johnson, Myles Jones, Nikki Roseberry-Keiser, Deb Sherard, Stacy Scholten, John Trouba, Linda Wittmuss, Heather Wood.

I. Motion to Approve Minutes

Chairperson Diana Waggoner

State Advisory Committee on Mental Health Chairperson Waggoner welcomed members, guests and staff to the meeting and presented the May 18, 2017 minutes for review. Asking for and receiving no corrections or comments, Chairperson Waggoner called for a motion to approve the meeting minutes as written. Moved by Thunker and seconded by Hoefs, the motion passed on a unanimous voice vote. Since there was not a quorum present, the Substance Abuse Services Committee tabled approval of the May 2017 minutes until the November meeting.

II. Director's Update

Sheri Dawson

Director Dawson welcomed all to the meeting and introduced Myles Jones, the State Regional Centers Chief Executive Officer. Myles presented a brief biography and stated he has a patient focused approach.

It was announced that an agreement was reached to move forward with construction at the Hastings Regional Center, with a forecasted completion date of April 30, 2018. Hastings currently serves 24 male patients ranging in age from 13-18, with most of these youth interfaced with the criminal justice system.

The Norfolk Regional Center is still facing challenges with court wait lists. A new unit at Norfolk Regional Center will be opened with beds for persons with medical needs to aid in opening more beds at the Lincoln facility. Work is progressing towards accreditation at Norfolk and the new unit will provide much improved accommodations for long term care.

Director Dawson provided an update on a recent Medication-Assisted Treatment Summit that was held in conjunction with the new DBH Opioid Targeted Response grant.

Director Dawson said that peer support programming continues to grow and thrive, with work continuing towards peer support credentialing, noting that Medicaid will be purchasing peer support services.

The one-year recap meeting is coming up for the Nebraska System of Care program. Crisis Response for youth has been launched as a statewide service and preliminary results are favorable and consistent with the adult world.

A new Child and Family Services Division Director has been appointed, Matt Walhen. Additionally, Bo Bothelo

has started as the Chief Operating Officer for DHHS.

Director Dawson has been traveling to present information on DBH's Central Data System (CDS) and Electronic Billing System (EBS), both of which were designed and built in-house and have been very well received. Director Dawson also announced that she will be meeting with U.S. HHS Secretary Tom Price, to get him up to speed on what we do here in Nebraska, especially in terms of integration methods.

When Director Dawson opened the floor to questions and comments, Michael Phillips commented that the Medicaid definition of peer support services might warrant some careful scrutiny as he is seeing peer support looking more like treatment rather than peer support work, which is resulting in lost mutuality between peer and patient. Other committee members agreed, noting that if the role is too professional, it takes away from the essence of "peer" support. Director Dawson stated that we can explore this topic further at the next meeting.

Stacey Werth-Sweeney announced that the Lincoln Regional Center, in conjunction with the National Alliance on Mental Illness (NAMI) is launching a Stigma-Free campaign, to promote a stigma free environment for both employees and patients. This effort will culminate on September 29, with special events at LRC. Contact Stacey Werth-Sweeney for additional details.

III. Public Comment

There was no comment offered at the morning Public Comment opportunity.

IV. Access Measures-A Look Back and the Road Ahead

Heather Wood, Tamara Gavin

Heather Wood, Quality and Data Excellence Administrator, said DBH has been building functionality into the CDS system to address access measures since the topic came up last winter. She identified four focus areas to measure access: medication management (inpatient), short-term residential treatment, supported employment and supported housing. These service arrays were examined from referral to discharge using defined criteria to measure access wait times and from this data, baselines are now established.

Over the summer, fidelity audits were conducted statewide with supported housing and supported employment service providers, which illustrated how well these providers are working within our system structure. Wood added that once data is collected, it will show us both areas for improvement as well as best practices.

Wood clarified the meaning of wait lists, stressing that being on a wait list for a service does not exclude a consumer from receiving interim services or utilizing peer supports; we should be striving for active engagement during the wait time.

The CDS gives us the platform for collecting the information that will initiate change and Wood especially wants to hear suggestions for reports, proposed ICD codes, and access for care targets.

V. 2018-2019 Block Grant Application

Sue Adams, David DeVries, John Trouba

Sue Adams, Network Administrator, announced that the 2018-19 Block Grant application process is about 2/3s complete and asked the Committee to look at what is identified as eight priorities listed in the application. She noted that using the Committee's input was quite beneficial but all priorities set forth by the committee could not be included as it is necessary to be able to measure progress. Adams asked the committee to look closely and help determine if the priorities listed can be achieved.

Adams explained that the Needs Assessment as well as data from the CDS, provided information to direct efforts and identify goals, objectives and performance indicators. Once target populations were identified, goals for serving them were established.

A suggestion to add men to the priority population was discussed and Adams responded that while it has been looked at, the numbers and the need do not rise to the level of a priority. This may be changing, she explained, as more children are removed from the home as a result of parental substance abuse.

Prevention efforts will be directed towards reducing binge drinking, along with reducing youth alcohol use across the state. David DeVries shared data to support this goal and identified the YRBS and NYAOS as sources of information.

Heather Wood identified a goal of reducing higher levels of care by accessing lower levels of care earlier in the treatment program. This will facilitate increased access to community-based services and reduce the strain on residential programs with wait lists.

Strategies for reaching stated goals include collaboration with other agencies, and working with providers to increase permanent housing and employment opportunities for consumers.

Other goals include moving forward with integrated primary and behavioral health care in community settings, both rural and urban. Consistent with this approach, there is a new focus on medication assisted treatment, with DBH rolling out a new program to address the opioid epidemic. Feedback from committee members indicated that the language used to describe medication assisted treatment is vague and should be more specific.

David DeVries reminded everyone that we must meet federal requirements regarding screening for tuberculosis, and that function is carried out through region contracts who report on screenings done in their area.

Wood told the group that 10% of block grant dollars are required to be used for First Episode Psychosis (FEP) services but noted that many states are struggling with this issue. After completing a two-year pilot program with two Nebraska regions, DBH will move forward to provide adults and youth the behavioral health services they need earlier and in a voluntary capacity through self-entry into the service system through Coordinated Specialty Care/FEP.

The last priority identified is in regard to interim services, which provides information to persons who use intravenous drugs and pregnant women regarding the public health impact of their drug use. John Trouba wrapped up the presentation by reviewing the 2018-19 Block Grant planned expenditure tables. Trouba then explained how important it was for us to receive feedback on this application and urged everyone to submit comments, either in writing or in person.

VI. Public Comment

There was no comment offered at the afternoon Public Comment opportunity.

VIII. State Targeted Response (STR) Opioid Crisis Grant

Tamara Gavin, Linda Wittmuss

Tamara Gavin, Deputy Director, after a brief history of how our country ended up in an opioid crisis, reported on the required needs assessment and strategic plan development of how we will approach opioid abuse treatment. She noted that this grant gives Behavioral Health an opportunity to work with both Medicaid and Public Health, who will be rolling out the nation's first mandatory Prescription Drug Monitoring System as of January 1, 2018. DBH will be utilizing this grant money to develop and present training to doctors and other prescribers about medication assisted treatment.

Gavin explained that a portion of grant funds will be used to purchase naloxone for use by at-risk populations to prevent overdose deaths. The Committee asked about the purchase of prescription drugs by the state for distribution and it was mentioned that the same manufacturer of many abused pain relievers are now profiting from the manufacture of naloxone. As the state is locked into purchasing guidelines, the only way to change that structure would be through legislation.

VI. Alcohol and Suicide Prevention Awareness

Renee Faber, Nikki Roseberry-Keiser

Nikki Roseberry-Keiser, Prevention Program Specialist, presented 2016 results from the annual Nebraska Young Adult Alcohol Opinion Survey, more commonly known as the NYAAOS and noted the addition of questions regarding marijuana use and suicide statistics in 2017. This survey targets 19-25 year olds in Nebraska and collects statewide information about lifetime and current use of alcohol.

The 2016 results reveal a drop in binge drinking, which is a big success for prevention efforts but it is noted that work remains to be done, especially addressing males ages 21-22. For more information about results from the 2016 NYAAOS, please contact Nikki Roseberry-Keiser or Renee Faber.

Renee Faber presented information on the Youth Suicide Prevention Grant, now in its 3rd year and notes progress of K-12 school personnel completing suicide prevention awareness training. There have been 364 clinicians trained in assessing and managing suicide risk.

Prevention efforts have also included the establishment of postvention training – consisting of LOSS teams across the state. These teams are activated when a suicide occurs and provides cross system outreach to suicide survivors and the goal is to have one team operational in every region in Nebraska.

Faber announced that September is National Suicide Prevention Month and National Recovery Month, with new social media messaging being employed along with the following activities planned:

Governor's Proclamation: September 6

DHHS LRC Mental Health Awareness Walk: September 29

Recovery Rally Norfolk: September 9

NAMI Cares Picnic: September 17

Recovery Rally – Lincoln: September 17

There are many different events planned to celebrate in September. More information will be disseminated as it becomes available.

VI. Announcements, Comments, Observations

Renee Faber

Renee Faber announced that work will commence on a procedure for appointments and membership and reminded members that both elections for officers and selecting dates for the 2018 meeting schedule will be included on the November agenda. In addition, both Committee By-Laws are due to be reviewed, edited and approved.

Renee Faber asked for suggestions of upcoming agenda topics. Please submit at any time.

John Trouba reminded everyone to please submit comments, suggestions, criticism – feedback to him about the block grant application no later than Friday, August 25 at 5:00 pm.

Members voiced preference for holding future meetings in the Lighthouse Room at Country Inn and Suites, noting that the lighting and acoustics were both better.

One last comment from Victor Gehrig voiced his pleasure about attending these meetings – always different subjects with a collection of diverse and intelligent people – and he always learns a lot.

XII. Adjournment and Next Meeting

The meeting was adjourned at 3:07 p.m. The next Joint meeting of the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services is scheduled on Thursday, November 16, 2017 (the week before the Thanksgiving holiday).

Minutes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Minutes are intended to provide a general summary of the proceedings.

8-24-17 Meeting Minutes